the sympathetic nerve fibres from the common carotid artery has found temporary favour in the Latin countries.

Heilman in 1945 reported successful inhibition of growth of several strains of *Klebsiella* by the use of streptomycin. Thornell in 1946 demonstrated *Klebsiella* in pus and tissues of 7 cases of ozena.

The author reports eight cases of ozena treated with streptomycin in all of which the presence of *Klebsiella* was demonstrated.

Symptomatic improvement occurred in 7 of the 8 patients at the time of treatment. Five reported definite subjective improvement; one has not been improved.

The *Klebsiella* became resistant to the action of streptomycin in 2 cases. In one case the dose of 1,000,000 units a day was deemed inadequate.

Infection in this sinuses should be treated at the time of streptomycin therapy for ozena.

Streptomycin was given 1 gm. daily by intramuscular injection and 0.5 to 1.0 gm. of streptomycin daily by nebulization. Initial response to treatment was favourable in each case.

The group of cases is too small to draw definite conclusions from, concerning the value of streptomycin therapy in atrophic rhinitis associated with ozena. Suppuration, the formation of crusts and the symptoms of infection in the atrophied nasal mucosa have been subjectively improved for periods of eight to forty-two months in 5 of the cases.

This result is encouraging and warrants further trial of streptomycin in the treatment of this condition.

An Improved Swab for the Detection of Threadworm Ova

(From the *Physician's Bulletin*, Vol. 14, November-December 1949, p. 178)

Boycott has described a swab for use in the detection of threadworm ova which appears to have certain advantages over the N.I.H. swab. The swab consists of a wooden tongue depressor, 6 inches by $\frac{3}{4}$ inch; a strip of cellophane the size of a microscope slide, approximately 3 inches by 1 inch, doubled over the end of the depressor and held in place by several turns of a rubber band; and a paper envelope (a 'pay envelope', 2 inches by 4 inches, is suitable).

The swab should be rubbed along the perianal folds with pressure just short of causing pain. It is then replaced in the envelope, on which it is convenient to write the patient's name. In the laboratory the cellophane is removed opened out, and placed on a slide; a drop of Canada balsam between the slide and the cellophane helps to keep the surface flat. Examination should be made under the 2/3-inch objective and may be concentrated in the areas showing epithelial and faecal debris.

The single crease in the cellophane, its strength, and the ease with which the swab can be packed, have been found to be improvements over the N.I.H. swab.

Treatment of Glaucoma

(From the *Medical Journal of Australia*, Vol. I, 14th January, 1950, p. 56)

LOUIS LEHRFELD (*Archives of Ophthalmology*, September 1948) maintains that every patient with glaucoma should be treated medically until such time as control of intraocular pressure is no longer maintained at a limit at which visual acuity and visual

fields may be conserved. Acute congestive glaucoma should be treated intensively medically for twenty-four hours and surgery resorted to if tension has not been reduced. However, if reduction in tension under intensive miotic therapy is such as to bring about a return to normal vision, surgery may be deferred. The treatment of chronic congestive glaucoma is medical. Control of intraocular tension in this category does not mean a reduction to normal, but consists in reduction to a degree which the eye in question will tolerate. If the patient has repeated exacerbations of increased intraocular pressure with symptoms, operation should be performed. The author recommends a basal iridectomy if the eye is red, an iridencleisis if it is only mildly infected, and an Elliot trephination if it is 'quiet'. For chronic simple glaucoma he prefers medical treatment even if the vision is not normal, the visual fields are cut down and the tension is not normal. He finds that 70 per cent of all patients with chronic simple glaucoma can be made comfortable, and surgery is performed when miotics are failing and the patient is losing his vision; in these cases the operation of choice is iridencleisis. He makes the point that before operating on patients with chronic simple glaucoma, the surgeon should remember that old people prefer a little sight with glaucoma to a blind eye that apparently has been cured of glaucoma.

Reviews

OBSTETRIC ANALGESIA AND ANÆSTHESIA: THEIR EFFECTS UPON LABOUR AND THE CHILD.—By F. F. Snyder, M.D. 1939. W. B. Saunders Company, Ltd., Philadelphia and London. Pp. viii plus 401. Illustrated

THERE are seventeen chapters of packed information in this book. The subject-matter is divided into two sections. The first section deals with the respiratory injuries of the child. The entire book consists of 385 pages and of these the first section consists of 212 pages. Says the author in the preface: 'Since all drugs commonly given for the relief of pain tend to alter the functioning of respiration, thus striking the foetus at the point of maximum susceptibility . . . there is detailed inquiry about the principal types of pathologic alterations of respiration, e.g. Asphyxia, Atelectasis and Pneumonia'. Here is the explanation of the detailed account of foetal respiratory complications included in a book meant to deal with anaesthetics and analgesics in labour.

The principal anaesthetics have been dealt with more from a laboratory point of view. The practising anaesthetist may not always find the clinical information which he might be seeking. The chapter dealing with narcotic gases does not contain sufficient information. Special anaesthesia has been dealt with in an abridged fashion.

The printing and get-up of the book are excellent. The great use of the book will be for him who wants academic and experimental references about the action and after-effect of any particular anaesthesia he may be using. It is the type of book to be kept in a library for the use of anaesthetists, obstetricians and paediatricians.

M. N. S.

RECENT ADVANCES IN PHYSIOLOGY.—By W. H. Newton. Seventh Edition. 1949. Published by J. and A. Churchill Ltd., 104, Gloucester Place, London, W.C.1. Pp. 268 with 90 illustrations. Price, 21s.

SINCE the publication of the last edition of this book, a vast amount of literature has accumulated, but